

**KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION**  
**911 Leawood Drive (40601)**  
**PO Box 1360**  
**Frankfort, Kentucky 40602**  
**(502) 564-3296, ext. 239**

**APPLICATION TO CHANGE THE NAME OF A PROPRIETARY SCHOOL**

This application **must** be submitted to the Board at least 30 days prior to the effective date of the change. The application fee of \$100 paid by check or money order made payable to the ***Kentucky State Treasurer*** must be submitted with this application. **DO NOT SEND CASH.**

**INSTITUTION INFORMATION** (as appears on current license)

**Date:** \_\_\_\_\_

Official name of institution: \_\_\_\_\_

Address of institution: \_\_\_\_\_

\_\_\_\_\_

Administrative contact person, e-mail Address, and FAX number: \_\_\_\_\_

\_\_\_\_\_

Name and address of owner(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address, and phone number of new name to appear on record (include any change in administrative contact person information listed above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for name change request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is it understood that any change in the school program must first be approved by the Kentucky State Board for Proprietary Education? Yes \_\_\_\_ No \_\_\_\_

## **CERTIFICATION**

I certify that the foregoing information is true and correct to the best of my ability and belief.

\_\_\_\_\_  
Signature of School Official                      Title                      Date

\_\_\_\_\_  
Signature of Notary Public                      State of: \_\_\_\_\_                      County of: \_\_\_\_\_

Signed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_                      Affix notary seal here: